



September 2000

The Health Care Financing Administration (HCFA) is conducting several surveys as part of an effort to obtain information from Medicare beneficiaries about their experiences in their health plans. These surveys, called the Medicare Satisfaction Surveys, were developed as part of the Consumer Assessment of Health Plans Study (CAHPS). Currently, HCFA is beginning its fourth round of the nationwide survey of Medicare beneficiaries enrolled in managed care plans about their satisfaction with health plan performance. HCFA is also launching two additional efforts to survey beneficiaries who are disenrolling from their managed care plans, and to survey beneficiaries in the fee-for-service sector. Since these surveys will be conducted over the next few months, we wanted to provide you with some information about them in the event that any beneficiaries call your organization with questions.

Sampled beneficiaries will be mailed a questionnaire that asks about their satisfaction with various aspects of plan performance, including: coordination of care, referrals to specialists, ease of obtaining needed care, patient/physician interaction, relations with office staff, ease of obtaining needed care, patient/physician interaction, relations with office staff, ease of obtaining specialty services and equipment, and customer service. Telephone interviews will be conducted with beneficiaries who do not respond to the mail survey. For the disenrollment survey, beneficiaries will be asked questions about plan performance for their former plan. Additionally, a sample of disenrollees will be surveyed quarterly to gather information about the reasons for disenrollment.

Survey responses will be tabulated by plan, and will be made available to help beneficiaries make more informed health plan choices. Information from these surveys will also be used by HCFA to monitor and evaluate the quality of care and relative performance of Medicare health plans. Additionally, managed care plans will be able to use tabulations from these surveys for their internal quality improvement activities (all beneficiary-specific information is protected by the Privacy Act and, consequently, will not be provided to the plans).

We have enclosed a fact sheet that provides contact information for each of these Medicare Satisfaction Surveys. If your organization receives any calls from beneficiaries regarding these surveys, please reassure them that they are legitimate surveys being conducted by the Federal government and please refer them to the appropriate 1-800 number for additional information. Thank you for your assistance with these surveys.

Sincerely,
/s/

Elisabeth Handley, Director
Partnership Development Group
Center for Beneficiary Services